

those survivors of Company "I" and attended many reunions of the 104th Timberwolves Association with his wife Mary.

Jesse was the typical veteran of World War II in that he fought for his country and asked little in return. He became a great family man whose influence extended to his neighbors like me. It was because of his experience as a wounded veteran struggling to keep a family afloat that helped make him strong of character and a role model for me. His sacrifice was part of a proud tradition of Mexican-Americans who fought with valor and patriotism during all of America's wars.

Mr. Speaker, this was one story about one life, among millions from that greatest of generations. It was a story about a regular family man who as a result of simply doing his duty shed his blood for his country. It was a story about a man who faced the incredible horrors of armed conflict and came home to raise a wonderful family. The United States was built by people like Jesse Contreras and is in many ways the land of the free because it is the home of the brave.

Mr. Speaker, I want to thank Mr. Contreras for his service to his country and for the kindness he showed me as a little boy. I want to also thank his wife Mary and her children who continue to be an inspiration for me for the strength and love of family that they continue to share to this very day. The world is a safer place because of the likes of Jesse Contreras and the millions of other American veterans. It was an honor to have known him and to have learned from him. May God bless his family and God bless the United States of America. Thank you.

TRIBUTE TO CARLOS BELTRÁN

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 16, 1999

Mr. SERRANO. Mr. Speaker, I rise today to pay tribute to Mr. Carlos Beltrán, an outstanding Puerto Rican athlete and a very successful baseball player. On November 10, 1999, Carlos was selected as the 1999 American League Rookie of the Year by the Baseball Writers Association of America. Carlos previously was honored as the league's top rookie by Baseball America, the Sporting News, and Baseball Digest.

Born in Manati, P.R., Carlos turned in Rookie of the Year numbers, hitting at a .293 clip with 112 runs scored, 22 home runs and 108 RBIs. He became the first American League rookie to collect 100 RBIs in a season since Mark McGwire in 1987 (118) and the first big league rookie with 100 RBIs since Los Angeles' Mike Piazza in 1993 (112).

Mr. Speaker, Carlos was the Royals' 2nd-round pick in the 1995 June Free Agent Draft. He has never played a game at the Triple-A level, as he made the jump from Double-A Wichita to Kansas City in September of last season. The 22-year-old was second in the American League with 663 at-bats, tied for third with 16 outfield assists and was seventh with 194 hits. He led A.L. rookies in runs, hits, home runs, RBIs, multi-hit games (54), total

bases (301), stolen bases (27) and on-base percentage (.337).

Carlos Beltrán established numerous Royals rookie records in 1999, as he produced one of the best all-around seasons of any player in club history with 22 homers, 27 stolen bases, 108 RBIs, 112 runs and 16 outfield assists.

Through his dedication, discipline, and success in baseball, Mr. Beltrán serves as a role model for millions of youngsters in the United States and Puerto Rico who dream of succeeding, like him, in the world of baseball.

Mr. Speaker, I ask my colleagues to join me in congratulating Mr. Carlos Beltrán for his contributions and dedication to baseball, as well as for serving as a role model for the youth of Puerto Rico and the U.S.A.

AFRICAN-AMERICAN INITIATIVE FOR MALE HEALTH IMPROVEMENT

HON. CAROLYN C. KILPATRICK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 16, 1999

Ms. KILPATRICK. Mr. Speaker, I rise today to call attention to a tragic health care crisis that currently exists among African-American men in my state of Michigan, as well as across the nation, with regard to undiagnosed and undertreated chronic disease. Research has established that African-Americans exhibit a greater prevalence of chronic diseases than the general population—including diabetes, hypertension, eye disease and stroke. And African-American men often suffer disproportionately.

For example, diabetes is the leading cause of morbidity and mortality in African-American men. Persons affected by diabetes suffer higher rates (often double) of serious preventable complications, including blindness, lower extremity amputation and end-stage renal disease. Poorly controlled diabetes is also a "gateway" condition in that it leads to cardiovascular disease (including hypertension), accounting for more than two-thirds of diabetes-related deaths. These unnecessary deaths are due to underlying atherosclerotic cardiovascular disease and result in heart attacks.

Uncontrolled diabetes progressively leads to deterioration in health status, poorer quality of life, and ultimately, premature mortality. It is increasingly clear that serious measures must be implemented in the short-term to address the chronic disease health crisis affecting African-American men in Michigan and to turn these troubling statistics around for the longer term.

Scientific studies show that these complications are preventable, and measures to implement prevention plans must be taken now. As the Federal Government evaluates the investment it should make in this particularly important area of minority and community health, I would strongly encourage cultivating partnerships with integrated health systems in the private sector who have years of substantive experience in designing highly effective community-based health programs.

I have recently become aware of the successful efforts of the Henry Ford Health System in Detroit, MI, to address the crisis

through the establishment of the African-American Initiative for Male Health Improvement (AIM-HI). AIM-HI is reaching out with screening and assistance for people who suffer prevalent chronic diseases. AIM-HI provides test results, patient education and participant referrals, monitoring appointment compliance and providing assistance with finding treatment for underinsured participants who test positive. The locus of AIM-HI program services is in the Metropolitan Detroit area, where 75 percent of the Michigan target population resides. In order to reach the largest number of people in the African-American male population, AIM-HI provides program services throughout the community at churches, community centers, senior centers, parks, barber shops, union halls, and fraternal organization halls.

In addition to screening, educational, and treatment access services, AIM-HI is also developing a tool to evaluate the quality of health care delivered to African-American men with diabetes and other chronic diseases. This "report card" assesses health care quality and effectiveness across a set of performance indicators that have been developed jointly by a panel of experts and community representatives. This initiative, sponsored by the Henry Ford Health System, is now in an embryonic stage and has had to confine itself to a narrow target population and program scope due to limited resources. Yet, it is resoundingly clear that this particular model has the potential to make a significant impact in affecting positive outcomes and health status improvement for African-American males.

I would hope that as the Department of Health and Human Services develops its budget for Fiscal Year 2001, strong consideration will be given to investing federal resources in collaborative partnerships with integrated health systems in urban settings that have the expertise to develop innovative models for minority health improvements.

Mr. Speaker, I would like to thank the Chairman of the Labor, HHS, Education Appropriations Subcommittee, Mr. PORTER, and the ranking minority member, Mr. OBEY, for their clear commitment to improving the quality of health care for all Americans in Fiscal Year 2000. I look forward to working with the Subcommittee in the next session of Congress to increase support for critically needed minority health initiatives.

RECOGNIZING THE CONTRIBUTIONS OF SONOSITE, INC.

HON. JAY INSLEE

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 16, 1999

Mr. INSLEE. Mr. Speaker, I rise today to recognize SonoSite, Inc., a company located in my home State of Washington. SonoSite, is a spin-off from ATL Ultrasound, has revolutionized the quality and portability of ultrasound equipment by using advanced technology to provide for ultrasound delivery through a hand-held device. Physicians and their patients around the country will benefit from this new high-tech, ultra-portable diagnostic tool that is expected to expand the use of ultrasound in medical care.

Originally designed for the military under ATL Ultrasound, SonoSite's ultrasound system pioneers an advanced high performance, miniaturized all-digital broadband technology platform in a compact, lightweight system. This allows the simultaneous acquisition and interpretation of images, and provides the ability to diagnose conditions in any clinical or field setting. This advancement promises to alter current paradigms in routine patient care—at the patient's bedside, an imaging facility, or even a remote location.

Initially available for use in obstetrics, gynecology, and emergency medicine, this ultrasound technology will enable trained physicians to significantly expand the routine use of ultrasound for faster, more accurate patient evaluations anytime, anywhere, resulting in better patient care. Patients may benefit by avoiding "waiting trauma," the anxiety felt by both patients and physicians when a problem is indicated but diagnostic answers are not available at the point of care.

I recognize the work being done by the Agency for Health Care Policy and Research (AHCPR) to complete outcome-based studies assessing routine use of ultrasound in the assessment of abnormal uterine bleeding. I urge the continued partnership between the Agency and SonoSite to best meet the needs of patients and physicians.

The SonoSite ultrasound system is a highly accessible advance in medical technology—both in terms of portability and cost. The low cost of the new system can result in improved healthcare delivery at a time when health clinics and hospitals are facing additional cuts in their day to day financial operations. The portability of this new technology can allow physicians to expand the use of ultrasound in practice by adding an ultrasound machine to every exam room or otherwise supplementing current stationary ultrasound equipment.

I recognize SonoSite, Inc. for its efforts to maximize the use of innovative technology to advance the heavily-utilized ultrasound system as we move into the 21st century. Their efforts in partnership with the AHCPR, will result in quality, portable, and affordable medical care that will have a positive effect on my constituents in the State of Washington, and to others across the country.

In a State known for medical innovation and technological ingenuity, SonoSite deserves recognition for its pioneering technology.

INTRODUCTION OF STB MODERNIZATION BILL STATEMENT

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 16, 1999

Mr. NADLER. Mr. Speaker, today, I am introducing the Surface Transportation Board (STB) Modernization Act. Our rail freight system is an integral part of the distribution of goods across the Nation. The safe and efficient movement of rail freight in this country is an important, though at times unnoticed, part of the economy and the lives of everyday citizens. We take for granted that this system is working properly until goods do not arrive on

supermarket shelves or the cost of heating our homes skyrockets due to costs caused by shipping delays.

The trend of carriers to consolidate has left the Nation with only six major railroads. As a result of these mergers, new problems and issues have been created that were not addressed in the Interstate Commerce Commission Termination Act, the law that created the STB. This bill attempts to address those issues and would improve the efficiency of the Nation's rail system and address many of the concerns of labor, shippers, and communities.

First, this bill would provide necessary protection to rail workers by ending "cram down." Cram down occurs when merging railroads override collective bargaining agreements with workers and "cram down" new terms on the workers to realize merger benefits. The STB has approved this practice for far too long. Under this bill, a collective bargaining agreement could be modified only if both the rail carriers and affected laborers agree. In addition, the existing minimum level of labor protection would be codified.

Second, this bill would improve the efficiency of shipping in several ways. It would bring an end to "bottlenecks" along rail lines. In bottlenecks, the STB allowed one rail carrier to prevent or discourage a shipper from interchanging with another rail carrier for more direct service by refusing to quote a rate or quoting an excessive rate along its portion of a line. In addition, this bill would broaden the STB's authority to transfer or direct the operations of a line and ease the ability of a carrier to gain access to terminal facilities; and narrow the exemption from antitrust laws that railroads currently enjoy.

Third, the bill contains several miscellaneous provisions that would address problems faced by rail carriers, shippers, and the public. The bill would reduce fees for bringing disputes before the STB, provide tax relief for carriers that invest in their rail yards, and codify the STB's decision to eliminate the requirement that shippers show an absence of product and geographic competition in rate cases.

Fourth, this bill would create a Federal Railroad Advisory Committee to study, among other things, the efficiency, maintenance, operation, and physical condition of the Nation's rail system. After 2 years, the Committee would make recommendations for improving the system to Congress and the President.

Overall, the STB Reauthorization Act of 1999 would guarantee that our Nation's rail system will be competitive, efficient, and safe as we enter the 21st century.

REMARKS OF DR. RUTH MERCEDES-SMITH

HON. DONALD A. MANZULLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 16, 1999

Mr. MANZULLO. Mr. Speaker, I am proud to take this opportunity to commend this speech given by Dr. Ruth Mercedes-Smith, President of Highland Community College on Freeport, Illinois, to my colleagues and other readers of the RECORD.

LEARNING BEGINS AT HOME

My topic today is "Learning begins at home." But let me be up-front about this topic. While learning does begin at home, we live, unfortunately, in a time when homes are not prepared to meet this challenge. Therefore, people like you and institutions like Highland Community College must join hands and help parents and families prepare themselves to make it happen.

Did you know that 50% of intellectual development takes place between birth and four years of age? That means that parents are important teachers. They provide the foundation for a child's learning skills at home. But, as I said earlier, many parents are not prepared to develop a learning environment. Consider the following statistics: According to a 1992 National Adult Literacy Survey, approximately 22% of America's adults have difficulty using certain reading, writing, and computational skills considered necessary for functioning in daily life. These adults, in general, are operating below the 5th grade level. Of the over 40 million adults with literacy needs, only 10% are enrolled in programs to assist them in improving their skills. Forty-three percent of adults at the lowest literacy level live in poverty. This contrasts with only 6% of those at the two highest literacy levels. Individuals with low literacy skills are at risk of not being able to understand materials distributed by health care providers. Adults with strong basic skills are more likely to ensure good health for themselves and their children. Teen pregnancy rates are higher among those with lower literacy skills.

Seventy-five percent of food stamp recipients performed in the two lowest literacy levels. In addition, 70% of prisoners performed in the two lowest levels. In a 1995 comparison of literacy among seven countries, the United States ranked next to last, when measured against Canada, Germany, Netherlands, Poland, Sweden, and Switzerland. Clearly a large percentage of our parents are adults at-risk. The question is, "What will our communities do to help them?" As a result of the lack of learning that takes place in the home due to parents who do not have the necessary educational skills we also find that we have large numbers of children who face major barriers as they grow toward adulthood.

Let me tell you about these children: Children who don't have the basic readiness skills when they enter school are 3 or 4 times more likely to drop out in later years. Children's chances for success in school are greatly affected by the educational attainment of their parents. A parent's education level is the single best indicator of a child's success in school. Parents who have books in the home and read to their children have children who are better readers and better students. When parents are involved in helping their school-age children with their schoolwork, social class drops out as a factor in poor performance.

Yes, large numbers of our children are at-risk. Again, I ask the question, "What will our communities do to help them?" An ancient saying from Africa sums it up well: "It takes an entire village to raise a child." I know Hillary Clinton used this as a book title, but I had used these words long before she made them famous. Think about that for a moment. It takes an entire village to raise a child. It seems to me that Freeport is a village in one sense of that word and that Freeport is of a size that could manage this type of challenge. The same applies to Lena, Stockton, Mt. Carroll, Forreton, and other